

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002353

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 189 Primary Registration District No. 5667 Registrar's No. 16

FILED FEB 11 1963

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township		Length of stay in 1b 2 weeks	c. CITY OR TOWN Troy Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 951 College St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MARY ELIZABETH FIELDER			4. DATE OF DEATH Month February Day 4 Year 1963		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-11-1872	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Caroline County Virginia	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Wray Fielder		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Wray Fielder	
17. INFORMANT Troy, Missouri		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) Essential Vascular Accidents Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Rt. Femur. DUE TO (c) Spinal Cord		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a):		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Troy, Missouri	

21. I attended the deceased from Jan 2/63 to 2/4/63 and last saw her alive on 2/4/63 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. C. Church (Degree or title)	22b. ADDRESS 1 Amy Way
22c. DATE Feb. 6, 1963	22d. LOCATION (City, town, or county) Troy, Missouri

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 6, 1963	23c. NAME OF CEMETERY OR INTERMENT PLACE Harmony Grove	23d. LOCATION (City, town, or county) Troy, Missouri
24. FUNERAL DIRECTOR O'Carlan Ricks	25. DATE RECD. BY LOCAL REG. 2-5-1963	26. REGISTRAR'S SIGNATURE Charlotte Leek	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10.570

3.570

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13 1-0

MAR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4012

P. O. Address Elkhart, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.